

# OCCUPATIONAL TAX CERTIFICATE RENEWAL APPLICATION

Office Use Only

Existing Certificate #: \_\_\_\_\_

Map/Parcel #: \_\_\_\_\_ Zone \_\_\_\_\_

Zoning:

Approved \_\_\_\_\_ Denied \_\_\_\_\_ By: \_\_\_\_\_ Date: \_\_\_\_\_

Reason: \_\_\_\_\_

NAME OF  
BUSINESS \_\_\_\_\_

DESCRIPTION OF BUSINESS \_\_\_\_\_

STREET ADDRESS OF  
BUSINESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MAILING ADDRESS OF  
BUSINESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

PLEASE PRINT NAME OF  
OWNER/MANAGER \_\_\_\_\_

**IF YOUR OCCUPATION IS REQUIRED TO BE LICENSED BY THE STATE, WE REQUIRE  
A COPY OF THE STATE LICENSE IN ORDER TO PROCESS YOUR APPLICATION**

**STATE LICENSE # AND EXPIRATION DATE (if applicable)**

Number of employees including self: \_\_\_\_\_ x \$10.00 = \$ \_\_\_\_\_

Administrative Fee..... = \$ 60.00

Penalty Late Fee of 10% after April 1..... = \$ \_\_\_\_\_

Total Amount Due..... = \$ \_\_\_\_\_

If your property is not zoned commercial, your business is considered a Home Occupation.

Home Occupation \_\_\_\_\_ Yes \_\_\_\_\_ No

**\*\*If you check yes complete the Home Occupation**

**Compliance Questionnaire on the reverse side of this form.**

I hereby verify that the information on this application is true, and no false or fraudulent information is made herein to obtain this business tax certificate. I understand that I must comply with all county regulations and I hereby agree to provide required clearance(s) or inspection(s) reports prior to issuance of a tax certificate.

SIGNATURE OF APPLICANT \_\_\_\_\_

DATE \_\_\_\_\_

**Home Occupation Compliance Questionnaire:**

Applicants Name: \_\_\_\_\_

Phone # of Applicant: \_\_\_\_\_ Phone # of Business: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Description of Business: \_\_\_\_\_  
\_\_\_\_\_

Property Acreage: \_\_\_\_\_ Do you live at the above address? \_\_\_\_\_

Number of employees that reside in the home (including self): \_\_\_\_\_

Will any employees (not living in home) come to home for business purposes: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Percent of Home floor area to be used for business: \_\_\_\_\_

List any equipment or supplies stored on the property and location in which they will be stored:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will any part of business be conducted anywhere on property other than House or attached garage: \_\_\_\_\_ If yes explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List any vehicles (year, make, model) used for this business or employee vehicles and where they will be parked on the property: \_\_\_\_\_

\_\_\_\_\_

Will there be any outdoor signage on property? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Will there be any customer contact at this home location: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

I hereby certify that I have received a copy of Article 6 Part 1 Home Occupation Regulations and will comply with all applicable rules. I understand that if my business ceases to adhere to those regulations, I would be subject to code enforcement action and possible revocation of my occupational tax certificate (business license).

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Office Use Only

Map/Parcel #: \_\_\_\_\_ Zone: \_\_\_\_\_ Occupation Tax Certificate  
#: \_\_\_\_\_

This home occupation has been \_\_\_\_\_ approved \_\_\_\_\_ denied with the above  
listed information.

Reason: \_\_\_\_\_

\_\_\_\_\_

Signature

Date